State of New Hampshire

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William M. Gardner
Secretary of State

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(Filing fee waived if submitted on the Annual Report, filing period January 1st through April 1st.*) Use black print or type. Form 10 RSA 293-A:5.02(a), RSA 293-A:15.08(a), RSA 304-C:36 II, RSA 304-C:177 V, or RSA 304-A:49 II

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

PURSUANT TO THE PROVISIONS of the New Hampsh business, organized under the laws of <u>New Ham</u> the purpose of changing the registered office or the registered Agent, the lischange in registered office.	pshire submits the stered agent, or both, in t	ne following sta he state of Ne	atement for w
FIRST: The name of the business is:			
Pediatric Physical Thera	apy, Inc		
SECOND: The name of its registered agent is recorded Stephen R. Goldma			
THIRD: The address of its registered office is recorded 46 N State Street, Con			
(no. & street)	(city/town)	(state)	(zip code)
FOURTH: The name of its new registered agent (if appl	icable) is (Note 1):		
Stephen R. Goldman FIFTH: The address of its new registered office is (Note	•		
(no. & street) 18 Centre Street, Conc	(city/town)	(state)	(zip code)
SIXTH: The street address, town/city of its registered of registered agent, as changed, will be identical.	fice and the address of th	ne business of	fice of its
SEVENTH: Pursuant to the provisions of RSA 293-A:5.0 RSA 304-C:177 V or RSA 304-A:49 II, this document mumanager or member, a partner or agent.	ust be executed by an office of the stephen Figure 1 of the stephen Figure 2 of the stephen 2 of the st		
	Register	red Agent	· · · · · · · · · · · · · · · · · · ·
State of New Hampshire State of New Hampshire Form 9 - Statement of Change of Registered Agent/Registered Office 1 Page(s) SiO	Date signed:	nd will be availal	ole for

ite, 107 N Main St, Rm 204, Concord, NH 03301-4989 Floor, Rm 317, 25 Capitol St, Concord, NH